

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: August 12, 2015

Auditor Information			
Auditor name: Mark A. Mora			
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Email: mark.mora@doc.ks.gov			
Telephone number: 620-728-3374			
Date of facility visit: July 14-16, 2015			
Facility Information			
Facility name: Moberly Correctional Center			
Facility physical address: 1501 South Morley, Moberly, Missouri 65270			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 660-263-3778			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Warden Dean Minor			
Number of staff assigned to the facility in the last 12 months: 465			
Designed facility capacity: 1800			
Current population of facility: 1790			
Facility security levels/inmate custody levels: Medium/Minimum			
Age range of the population: 18-80 yoa			
Name of PREA Compliance Manager: Teresa Thornburg		Title: Deputy Warden	
Email address: teresa.thornburg@doc.mo.gov		Telephone number: 573-751-2389	
Agency Information			
Name of agency: Missouri Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Missouri			
Physical address: 2729 Plaza Drive Jefferson City, Missouri 65102			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 573-751-2389			
Agency Chief Executive Officer			
Name: George Lombardi		Title: Director	
Email address: george.lombardi@doc.mo.gov		Telephone number: 573-751-2389	
Agency-Wide PREA Coordinator			
Name: Vevia Sturm		Title: Agency PREA Coordinator	
Email address: vevia.sturm@doc.mo.gov		Telephone number: 573-751-2389	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Moberly Correctional Center (MCC) was conducted on July 14-16, 2015 by Mark A. Mora certified auditor and the State of Kansas PREA Coordinator Elisabeth Copeland. The audit was conducted to determine compliance with the Prison Rape Elimination Act (PREA) standards.

The auditor provided MCC with the auditor notice which was posted throughout the facility 6 weeks prior to the on-site portion of the audit. The Pre-Audit Questionnaire and supporting documentation was provided to the auditor for review prior to the on-site portion of the audit. The materials received were compiled in a very organized manner. Prior to the on-site portion of the audit the auditor was provided communication with the MCC PREA Compliance Manager. Contact was made with Just Detention International (JDI) prior to the on-site visit. There was no information provided by JDI regarding MCC for this audit period. The auditor submitted a tentative schedule for the audit approximately one week prior to the on-site visit.

An entrance meeting was conducted on July 14, 2015 with the audit team and the MCC Administration that included; Warden Dean Minor, Deputy Warden Lisa Pogue, Assistant Warden Classification Dennis Allen, Corrections Supervisor (Major) Steven Simmons, Corrections Supervisor I Frank Gittemeier, Physical Plant Supervisor III Greg Brown, Functional Unit Managers Amanda Lake, Brent Pogue, Heather Townsend, Mark Trusty, Agency PREA Coordinator Vevia Sturm, Deputy Warden Offender Management and MCC PREA Coordinator Teresa Thornburg, and Case Manager II and Assistant MCC PREA Coordinator Adam Albach.

Following the entrance meeting a tour of the MCC facility was conducted which included all offender living units, offender services, the offender dining area, recreation areas, visiting room, industries areas, case management offices, medical and behavioral health areas, and shift supervisor areas. Informal interviews were conducted among staff and offenders during the facility tour.

Formal interviews were conducted with the MCC facility administration to include the Warden, PREA Compliance Manager, Case Managers, Investigators, and Security staff from each of three shifts. Staff were knowledgeable of MCC and agency policy in regards to their responsibilities in the event of a sexual abuse or sexual harassment incident.

Offenders interviewed were chosen randomly from rosters obtained by the auditor. Offenders related an awareness of the agency and facility zero tolerance policy and indicated PREA information is made available to them. Offenders also related they were aware of the avenues available to report an incident of sexual abuse or sexual harassment.

Investigation files were made available for review prior to and during the on-site portion of the audit. The Office of the Inspector General conducts sexual abuse investigations. It was determined investigations at MCC are conducted in a prompt, thorough and objective manner.

An exit meeting was held with MCC administrators on July 16, 2015. Clarification on the audit process was provided, questions were answered and recommendations were made by the auditor. MCC was determined to be in compliance with all applicable standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Moberly Correctional Center (MCC) is located at 1501 South Morley in Moberly, Missouri. MCC is an all-male medium/minimum security facility encompassing 38 buildings with the capacity of approximately 1800 offenders and was established in 1963. The age range of offenders is 18-80 years of age. MCC does not house youthful offenders. MCC has approximately 465 assigned staff.

MCC provides programming, classification and treatment to enhance individualized offender progression. MCC provides a number of work details, private industry employment and vocational programs to offenders. Offenders at MCC are provided with a number of recreational activities.

MCC maintains a camera monitoring system which enhances staff supervision of offenders.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 0

Number of standards met: 43

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Missouri Department of Corrections (MDOC) maintains an agency policy D1-8.13 Offender Sexual Abuse and Harassment mandating a zero tolerance policy towards all forms of sexual abuse and sexual harassment. The policy outlines efforts toward prevention, detection and responding to all incidents of sexual abuse and sexual harassment. The policy also defines and dictates procedures for the same at each facility level.

The MDOC agency PREA Coordinator Vevia Sturm and PREA Site Coordinator Teresa Thornburg both concurred they have time and authority to develop and guide compliance at the agency and facility level.

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Moberly Correctional Center (MCC) does not contract for confinement of inmates.

The agency contracts with 4 community confinement facilities through the Division of Probation and Parole.

The MDOC Division of Probation and Parole policy P4-6.1 dictates compliance with this standard.

The agency contract administrator generates the contracted agreement(s) and the division of probation and parole monitors compliance with the PREA Standards. The division of probation and parole conducts audits of each residential facility twice annually. In turn the division of probation and parole makes audit information pertaining to PREA available to the MDOC PREA Coordinator.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Agency policy D1-8.13 mandates each MDOC facility maintain a staffing plan to provide for adequate staffing levels. The policy further mandates an annual review with the agency PREA Coordinator.

Moberly Correctional Center’s staffing plan is predicated on a maximum population of 1800 offenders. For this audit period, the average daily population for MCC was noted as 1758 offenders.

MCC deviations from staffing patterns are noted in shift chronological logs and custody staffing rosters.

MCC reported they have not deviated from the staffing plan and are able to do so by implementing mandatory overtime.

The auditor was provided with examples of custody rosters for review as part of the pre-audit documentation and during the on-site portion of the audit.

The auditor observed staffing patterns within living units and throughout the facility during the on-site facility tour phase of the audit process.

The MCC administrators interviewed were able to articulate all aspects of the staffing plan and measures taken to comply with agency and facility based policies.

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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MCC does not house youthful offenders.

Agency level compliance is as follows:

Agency policy D1-8.13 prohibits placement of youthful offenders in a living unit where there would be sight, sound, or physical contact with any adult offender(s). The policy addresses all the elements of Standard 115.14.

The State of Missouri regulation Chapter 217, Department of Corrections Section 217.345; prohibits placing youthful offenders with adult offenders and also requires physical separation and separate housing units.

Agency policy IS5-3.1 Offender Housing Assignments dictates; “youthful offenders will only be housed with other youthful offenders (standard operating procedures (SOP) will be developed to specify how such housing assignments will be made).”

Agency policy IS5-1.1 Diagnostic Center Reception and Orientation dictates procedures for the reception, transportation and housing of youthful offenders.

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Agency policy IS20-1.3 Searches; dictates male offender pat searches are conducted by same gender staff members when multiple officers are present and cross-gender pat searches of female offenders only in exigent circumstances. In the event of a cross-gender pat search of a female offender, a cross-gender search form and report is generated to the PREA Site Coordinator for review to ensure exigent circumstances did in fact warrant the search. Cross-gender strip searches are allowed only in exigent circumstances. In such cases, the cross-gender strip search form and report will be generated and submitted to the PREA Site Coordinator. The PREA Site Coordinator documents the review in each case which accounts for whether or not the circumstances provided were exigent in nature. If exigent circumstances were not present, the cross-gender search review prompts a referral for investigation and an account of corrective action taken.

115.15 (b) is not applicable to this audit.

MCC reported no cross-gender strip or body cavity searches within this audit period.

Agency policy D1-8.13 mandates the announcing of opposite gender within the living units. The auditor viewed the chronological logs at various officer's stations within a number of living units noting the documentation of announcement of opposite gender staff within the living units. Due to the facility living units design, MCC makes opposite gender announcements at the beginning of each shift and when the gender of staff in the living unit changes from all male to female staff being assigned to the living unit. Interviews with offenders indicated they were made aware when opposite gender staff were working in the living units.

MCC provided the agency training curriculum and training video. Cross-gender pat searches and searches of transgender offenders are covered in the training materials. The materials were reviewed by the auditor and determined appropriate. Staff interviewed were able to articulate elements of the training they received in regards to offender searches.

During the on-site tour portion of the audit, offender shower areas in two different living units revealed offenders being in view of opposite gender staff while showering. The areas were reviewed with the MCC Warden and the auditor. Recommendations were made by the auditor and in turn the Warden directed immediate corrective action. The areas of concern were reviewed a second time by the MCC administration and the auditor during the on-site portion of the audit. The areas were then determined to be compliant with elements of this standard.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 outlines procedures for accommodating offenders with disabilities or who are limited English proficient.

MCC made available in their pre-audit documentation PREA brochures and acknowledgement forms in a number of different languages. The PREA brochure is also available in Braille for blind offenders.

Agency policy D5-5.1 Deaf and Hard of Hearing Offenders addresses the availability of services for hard of hearing offenders. The information on services is posted within the facility living units.

The National Institute of Correction's "Speaking Up" video and written transcript are used at MCC.

The auditor reviewed statewide contracts for language interpretive services which included sign language and services for the deaf and hard of hearing.

The auditor interviewed an offender identified as limited English proficient. The offender interviewed spoke primarily Spanish and was interviewed with the use of a staff interpreter. The offender related he was aware of ways to report an incident of sexual abuse or sexual harassment and made mention of posters which were also provided in Spanish throughout the facility.

The auditor observed PREA posters in English and in Spanish throughout the facility during the facility tour.

Although a number of staff interviewed were not clear on agency or facility policy regarding the use of offender interpreters, they were able to articulate what action would be taken when dealing with a limited –English proficient offender. It was recommended to the facility administration clarification on agency and facility policies in regards to the use of inmate interpreters be provided to staff.

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 and facility SOP D1-8.13; dictate compliance for this standard. Both policies prohibit the hiring or promotion of anyone who has engaged in sexual abuse with an offender in a prison, jail, community confinement, or lock up facility. The policies include juvenile facilities. The policies include all elements of the standard.

Agency policy D2-2.2 Background Investigations also addresses the procedure for background checks. MDOC utilizes the Missouri Uniform Law Enforcement System (MULES) and the National Criminal Information Center (NCIC) systems to conduct background checks. The policy also dictates background checks are conducted for promotion and other appointments.

MDOC also maintains agency policies; D2-2.8 Promotional Appointment; D2-2.10 Re-Employment Appointment, which contain elements of this standard in regards to background checks and contacting previous employers in regards to sexual abuse incidents.

Agency policy to include the employment application process includes contacting previous employers and dictates material omissions substantiate termination.

Agency policy D2-5.1 Maintenance of Employee Records provides; "Verification of information, other than public information, will be made with a written authorization from the employee."

The MDOC Department Procedure Manual D2-11.14 dictates background checks are conducted annually and according to the employee's birth month.

Staff interviewed were able to articulate agency and facility policy in regards to hiring and promotions.

MCC provided documentation of background checks for volunteers, contractors and other staff as supporting documentation for this standard. Background check information was viewed during the on-site portion of the audit.

For this audit period MCC reported 125 individuals newly hired, all of which had background checks completed.

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

There were no significant expansions or modifications to MCC during this audit period.

MCC in previous years has re-aligned living units to alleviate crowding in the segregation units.

Agency policy D4-4.8 Security Camera Operations addresses elements of this standard specifically element (b); noting the use of security cameras to enhance protecting offenders from sexual abuse.

MCC provided documentation which included a number of modifications to living units which included camera monitoring.

Administrative and Custody staff were able to identify and explain modifications to the facility to include specific surveillance camera placement throughout the facility during the on-site tour of the facility.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.8 Evidence Collection; outlines the agency's evidence protocol. MCC conducts their own administrative investigations. The auditor determined the policy and procedure adhere to the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical and Forensic Examinations, Adult/Adolescents."

Agency policy D1-8.13 also outlines protocol and procedure for forensic medical examinations subsequent to a sexual abuse incident. The policy also entails medical and behavioral health protocols for such events.

MCC offers all victims of sexual abuse access to forensic medical examinations. MCC utilizes primarily the University of Missouri Hospital Columbia, Missouri as their forensic medical examination resource. The forensic medical examinations are provided at no cost to the victim.

MCC maintains a memorandum of understanding with Safe Passage Domestic and Sexual Violence Crisis Center for community advocate services. The services include accompanying the victim through the forensic medical examination process.

MCC also provides a facility based advocacy service through their facility Chaplain. MCC provided the training curriculum and verification of training for the facility based advocate as supporting documentation for this standard.

MCC also provided documentation of community advocate services provided to MCC offender's as supporting documentation for this standard.

Staff interviewed were able to articulate the evidence protocols and forensic medical examination process. The staff interviewed or referenced included administrative, medical, behavioral health, and investigations.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MDOC ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Agency policy D1-8.13 and facility policy SOP D1-8.13 dictate procedures for such events. Inclusive are agency policies; D1-8.1 Investigation Unit Responsibilities and Actions; and D1-8.14 Administrative Inquiries.

Administrative Inquiry officers conduct administrative investigations. The Office of the Inspector General is responsible for criminal investigations.

The investigator interviewed was able to articulate all aspects of administrative and criminal investigations to include initial incident response protocol and procedure for forensic medical examinations.

Staff interviewed during the on-site tour and individual interviews were able to identify the staff or entity responsible for investigating incidents of sexual abuse and sexual harassment.

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates compliance with this standard.

MCC provided their training curriculum and training video presentation as supporting documentation for this standard. The auditor reviewed the submitted material and determined all elements of Standard 115.32(a) were covered.

Policy also dictates the training will be tailored to the gender of offenders at the facility.

Training records were also submitted as supporting documentation to include employee verification of receiving and understanding the training received. All staff are inclusive in receiving training in regards to PREA. MDOC’s definition of employee includes contractors and volunteers.

Staff interviewed during the facility tour and according to interview protocols were able to articulate elements of this standard.

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Agency policy D1-8.13 dictates compliance with this standard.

The agency and facility ensure all staff to include contractors and volunteers are trained in regards to the agency’s zero tolerance sexual abuse and sexual harassment policies.

MCC retains documentation contractors and volunteers receive and understand the training they receive.

MCC provided supporting documentation to include training curriculum for volunteers and contractors. The documentation included records of all contractors and volunteers who received training. During this audit period MCC reported 68 volunteers and contractors received training.

The volunteer interviewed related elements of training and was able to articulate the responsibilities of a contractor or volunteer subsequent to a report of sexual abuse or sexual harassment.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates compliance with this standard.

The MDOC utilizes the Speaking Up video, brochures and posters which are displayed throughout the facility. The posters and literature are formatted in a number of different languages.

MCC reported 1429 offenders received PREA information at intake during this audit period.

Offenders upon intake are housed in the Reception and Orientation Unit at MCC for approximately 30 days. During this time they are provided PREA information to include education on their right to be free from sexual abuse and sexual harassment or any type of retaliation for reporting such conduct. MCC provided supporting documentation noting offenders acknowledge the PREA information they receive.

PREA information is made available in formats to include offenders who are limited English proficient, deaf or hard of hearing and blind. The auditor reviewed PREA materials and concluded the materials contain the elements of Standard 115.33(a), (b).

The intake staff member interviewed related offenders normally receive orientation to include PREA information a day following their reception at MCC.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates compliance with this standard.

The policy mandates specialized training for investigators. The investigators are trained by agency staff of the Inspector General’s office.

The training contains 6 individual modules and incorporates a total of 36 hours of training. MCC provided the training curriculum as supporting documentation for this standard. The auditor reviewed the curriculum and determined the training complied with the elements of this standard.

MCC maintains 4 Administrative Inquiry Officers and 1 investigator for criminal investigations. For this audit period, MCC reported there were 32 investigators agency wide who conduct criminal investigations.

The investigator interviewed was able to articulate elements of the specialized training they received. The investigator was also able to explain the investigation process from initiation to completion or disposition. The investigator was also well versed on MCC operations, policies and procedures.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Agency policy D1-8.13 and facility SOP D1-8.13; dictates compliance with this standard.

MCC provided the specialized training for medical and behavioral health as supporting documentation for this standard. The auditor reviewed the curriculum and determined the training complied with elements of this standard.

The medical and behavioral staff interviewed were able to articulate elements of the specialized training and their role in the coordinated response to an incident of sexual abuse or sexual harassment.

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policies D1-8.13; IS5-2.3 Offender Internal Classification, IS5-3.1 Offender Housing Assignments; dictate compliance with this standard.

All offenders are assessed for risk of victimization and abusiveness upon intake at MCC. Agency policies also dictate all offenders will be assessed upon transfer to another MDOC facility.

All offenders are assessed at MCC within the 72 hour time frame according to this standard. Interviewed staff indicated offenders are normally assessed the day following their reception at MCC. MCC provided supporting documentation of offender assessments within the 72 hour time frame.

The auditor reviewed the screening instrument utilized by the MDOC and determined the instrument appears to be an objective screening instrument based on the instrument containing the elements of Standard 115.41(d).

The screening instrument utilizes a number of different criteria considering each offender on a case-by-case basis. The criteria considered included past or prior incidents of sexual abuse known to the agency.

Agency policy IS5-2.3 mandates offenders will be reassessed within 30 days of intake at the facility. Policy also dictates a reassessment will occur subsequent to any additional relevant information received by the facility after the initial intake screening. MCC provided supporting documentation of offender 30 day reassessments.

Agency policy D1-8.13 mandates an offender will be reassessed due to a referral, request, an incident of sexual abuse or any additional information that may pertain to an offender’s risk of sexual victimization or abusiveness.

Agency policy D1-8.13 denotes and offender will not be disciplined for refusing to answer or disclose complete information during the risk assessment.

Agency policy D1 -8.13 mandates the control and dissemination of information gleaned from the risk assessment instrument.

MCC provided the agency risk assessment tool and manual as supporting documentation for this standard. MCC also provided documentation which identified the total number of offenders assessed which included a breakdown of classification categories utilized by the MDOC.

The staff member interviewed was able to articulate how the risk screening instrument was utilized at MCC to include time frames and relevant dynamics pertinent to MCC.

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Agency policy D1-8.13 mandates the information from the risk screening instrument is used to determine housing, work, education and programming assignments for offenders and denotes assessments are done on an individualized basis.

Agency policy IS5-3.1 Offender Housing Assignments establishes the facility transgender committee is responsible for housing assignments for each transgender or intersex offender. The committee reviews each transgender and intersex offender’s placement and management on a case-by-case basis every 6 months. The policy also provides each transgender or intersex offender’s own views in regards to safety are given consideration. The policy also provides each transgender and intersex offender is given the opportunity to shower separately.

MCC provided a documented example of when a transgender offender requested and was provided the opportunity to shower separately.

MCC does not assign LGBTI offenders to dedicated living units.

Staff interviewed related how the transgender committee conducted reviews and proceedings. The auditor interpreted a commitment by the MCC administration to maintain appropriate supervision and communication with transgender offenders. There appeared to be open dialogue between the committee and the offenders. This was gleaned from offender interviews.

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates compliance with this standard.

Policy requires offenders assessed at high risk of victimization be placed in the least restrictive housing assignment possible. The policy also provides the assessment shall occur within 24 hours.

MCC provided a Segregated Housing for Protective Custody Directive noting elements of Standard 115.43 (a).

MCC provided supporting documentation which contained two examples of when offenders were placed in involuntary segregation subsequent to a report of suspected sexual abuse. The auditor interviewed these two offenders. Each offender related MCC’s response to the reported incidents was appropriate in each case.

Staff interviewed indicated each allegation is considered on a case-by-case basis with the emphasis on providing for the least restrictive housing assignment for an offender victim.

MCC also provided Agency policy IS21-1.1 Temporary Administrative Segregation Confinement as supporting documentation for this standard.

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates compliance with this standard.

MCC provides a number of ways offenders can privately report an incident of sexual abuse or sexual harassment. Offenders may report in writing to staff, PREA hotline and by utilizing the agency grievance procedure.

MCC uses the Department of Public Safety as an avenue to report to an entity that is not part of the agency. The contact information is available in the offender PREA brochure.

MCC does not confine offenders for civil immigration purposes.

During the on-site tour of MCC and during interviews, offenders related they were comfortable or maintained no reservations with making a report of sexual abuse or sexual harassment to any staff member. There was no indication from offenders they perceived or had experienced any form of retaliation after making a report of sexual abuse or sexual harassment.

In regards to staff reports, staff can also privately report an incident of sexual abuse or sexual harassment on behalf of an offender by utilizing the Crime Tips hotline, Staff Tips hotline, consultation with an administrator or contacting the Department of Public Safety.

MCC provided as supporting documentation a memorandum of understanding (MOU) between the MDOC and the Department of Public Safety which outlines the responsibilities of each in the instance of a report of sexual abuse or sexual harassment.

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policies D1-8.13 and D5-3.2 Offender Grievances; dictates compliance with this standard.

MCC maintains an administrative procedure to address offender grievances.

MCC reported there were no grievances alleging sexual abuse during this audit period.

MCC also provided there have been no request for extensions within this audit period, noting MCC had two grievances which did require an extension request however; the incidents were identified as sexual harassment incidents.

MCC maintains a grievance “Tracking Log” which was provided as supporting documentation for this standard.

Offender interviews provided no indication of concerns with the grievance process at MCC.

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates compliance with this standard.

MCC provides contact information to offenders for outside confidential victim advocacy services. Just Detention International and the Rape, Abuse and Incest National Network (RAINN) are utilized as providers. The contact information for these services is made readily available to offenders in posters throughout the facility and in PREA brochures. Offenders are advised phone calls are subject to being monitored.

Offender interviews indicated they were aware of the outside support services and how to contact them.

MCC also maintains a memorandum of understanding (MOU) with the Safe Passage Domestic and Sexual Violence Center for their community based advocacy services to offenders. MCC provided a documented example of an offender’s use of this service. One offender interviewed related his experience in utilizing this service provider.

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MCC maintains a grievance procedure, PREA hotline, and accepts verbal and written reports from both family and the advocacy agency.

The MDOC maintains a website which publishes information on how to make a third party report for any incident of sexual abuse or sexual harassment. The website link is noted below:

<http://doc.mo.gov/od/PREA.php>

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates compliance with this standard.

Policy requires all staff to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. The same policy requires the same for any incident of retaliation involving a staff member. The policy is inclusive with medical and behavioral health staff and provides medical and behavioral health staff inform the offender at the initiation of services their duty to report and the limits of confidentiality.

The policy also mandates an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Staff interviewed were able to articulate their duties and responsibilities as well as their obligation under policy and statute to report any incident of sexual abuse or sexual harassment.

MCC provided as supporting documentation for this standard; Missouri Revised Statutes Chapter 217, Department of Corrections Section 217.40 and Missouri Revised Statutes Chapter 630, and Department of Mental Health Section 630.005.

MCC provided agency policy IS11-32 Receiving Screening-Intake Section which dictates staff reporting duties and obligations in regards to juvenile offenders.

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates compliance with this standard.

All staff interviewed related they would take immediate action subsequent to a report of an offender being in substantial risk of imminent sexual abuse.

MCC provided an agency directive which outlines procedures for offenders segregated for protective custody issues to include offenders identified as high risk for victimization.

MCC also provided a number documented examples of offender involuntary segregation placements as supporting documentation for this standard.

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates compliance with this standard.

MCC provided a number of examples of alleged sexual abuse reported to MCC and to other correctional facilities. The auditor reviewed the supporting documentation and determined MCC’s response was within their agency policy and in compliance with this standard noting; MCC’s response was within the 72 hour time frame for reports, the reports were documented, and investigations were initiated for the reports that were received by MCC.

Staff interviewed were able to articulate elements of agency policy in regards to reports of sexual abuse to other confinement facilities and reports received from other confinement facilities.

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates compliance with this standard.

MCC has an established coordinated response protocol which outlines duties and responsibilities of first responders to an incident of sexual abuse. The agency and facility protocol entails all elements of Standard 115.64 (a).

The coordinated response protocol applies to security and non-security staff. MCC provided as supporting documentation a number of examples of coordinated responses to incidents of sexual abuse where the first responder was security and/or non-security staff members.

Staff interviewed, including security, medical and behavioral health, volunteers and administrators were able to articulate their duties and responsibilities subsequent to a report of sexual abuse.

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates compliance with this standard.

The Coordinated Response to Offender Sexual Abuse is MCC's written institutional plan of coordinated response and actions to an allegation of offender sexual abuse. The coordinated response plan outlines specifically the actions and duties of staff to include; security staff, investigators, medical and behavioral health, and facility administrators.

The coordinated response plan includes an outline or event checklist denoting demographic information regarding the initial report and pertinent circumstances.

Staff interviewed were able to articulate elements of the coordinated response protocols.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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Agency policy D2-11.6 Labor Organizations; dictates compliance with this standard.

The policy mandates MCC will not enter into any collective bargaining agreement which would eliminate the ability to remove alleged staff sexual abusers from contact with offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

MCC provided as supporting documentation the labor agreement between the MDOC and The Missouri Corrections Officers Association (MOCOA).

The effective date of the agreement was noted as 10/1/2014 to 9/30/2018. The auditor reviewed the agreement.

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates compliance with this standard.

The PREA Site Coordinator at MCC is responsible for monitoring for retaliation.

Multiple measures are utilized to ensure staff and offenders are protected from any form of retaliation in regards to a report of sexual abuse or sexual harassment.

Policy mandates monitoring will occur for a period of not less than 90 days. Policy dictates monitoring will continue past 90 days if the need exists. The policy denotes periodic status checks are completed every 30 days during the monitoring period. The policy denotes the facility will take appropriate measures to protect the offender or staff member from retaliation.

Policy dictates monitoring will conclude when it is determined the allegation is unfounded.

Staff interviewed were able to articulate agency policy in regards to monitoring for retaliation and what steps would be taken on behalf of a staff member or offender who either feared or was subjected to retaliation based on a report of sexual abuse or sexual harassment.

MCC provided a number of examples of retaliation monitoring as supporting documentation for this standard.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates compliance with this standard.

The policy does not include what privileges, access to programs and work opportunities are available to offenders placed in involuntary segregation or if it is documented what access has been limited, the duration of any limitation, or the reason(s) they are limited.

MCC did provide an administrative memorandum which outlines elements of Standard 115.43 and 115.68. The memorandum; Segregated Housing for Protective Custody, dictates notifying offenders what privileges and/or programming will be restricted and for what duration.

MCC provided 2 documented cases of offender placement in involuntary segregation protective custody as supporting documentation.

The auditor reviewed investigation cases and in conjunction with results from staff interviews determined MCC in policy and practice, considers alternatives to involuntary segregation.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policies D1-8.13, D1-8.4 Administrative Inquiries, and D1-8.1 Investigation Unit Responsibilities and Actions; dictate compliance with this standard.

MCC investigators are under the jurisdiction of the Inspector General’s Office. Investigators are required to maintain specialized training in sexual abuse investigations. MCC investigators conduct administrative and criminal investigations. MCC provided the specialized training curriculum and documentation investigators completed the specialized training as supporting documentation for this standard.

Investigators are trained to collect and preserve evidence, interviewing, report writing and continuing an investigation through to prosecution when warranted. MCC maintains a tracking system for all investigations.

MCC provided investigations for review prior to and during the on-site portion of the audit. The auditor determined the investigations were conducted in a prompt, thorough and objective manner.

The agency investigator interviewed was able to effectively articulate aspects of the administrative and criminal investigations process.

MCC reported 2 substantiated investigations which were referred for prosecution during this audit period.

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policies D1-8.4 Administrative Inquiries and D1-8.13; dictate compliance with this standard.

MCC does not employ a standard higher than a preponderance of evidence as proof in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates; upon the conclusion of an investigation, the facility will inform the offender whether the allegation(s) has been determined substantiated, unsubstantiated, or unfounded.

115.73 (b) is not applicable to this audit.

The policy contains and addresses the remaining elements of this standard. The auditor reviewed supporting documentation provided prior to and during the on-site portion of the audit. The documentation reviewed included examples of notifications to offenders.

The investigator interviewed was able to articulate the method of reporting to offenders utilized at MCC.

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policies D1-8.13 and D2-11.10 Staff Member Conduct; dictate compliance with this standard.

Policy D1-8.13 dictates staff are subject to disciplinary sanctions up to and including termination for violations of agency sexual abuse or sexual harassment policies. The policy includes termination as the presumptive disciplinary sanction for staff who has engaged in sexual abuse of an offender.

Policy D1-8.13 also dictates terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Policy D2-11.10 addresses incidents of staff misconduct of a sexual nature and includes sexual abuse and sexual harassment of offenders.

MCC reported there have been no substantiated investigations of sexual abuse involving staff since August 2013.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policies D1-8.13 and D2-13.1 Volunteers; dictate compliance with this standard.

Policy D1-8.13 dictates contractors or volunteers who engage in sexual abuse of an offender shall be prohibited from contact with offenders and shall be reported to law enforcement and relevant licensing bodies.

The policy further dictates the facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in cases of any other violations.

Policy D2-13.1 addresses conduct regarding volunteers and dictates any allegation of sexual abuse or sexual harassment will be referred for investigation.

MCC reported no incidents of sexual abuse or sexual harassment of offenders by contractors or volunteers since August 2013.

Staff interviewed related appropriate measures would be taken to ensure the safety of offenders in regards to allegations of sexual abuse or sexual harassment by any staff member.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates compliance with this standard.

The policy dictates offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding the offender engaged in offender-on-offender sexual abuse. The sanctions shall be commensurate with the nature of and circumstances of the abuse committed, the offender's disciplinary history, and sanctions imposed for comparable offenses by other offenders with similar histories. If found guilty the offender shall be referred for appropriate treatment, to include therapy or counseling by behavioral health staff. Any offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent.

Agency policy IS19-1.1 MDOC Conduct and Rules Sanctions was provided by MCC as supporting documentation. The policy addresses consensual and non-consensual sexual activity regarding offenders.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policies IS11-32 Receiving Intake Unit and D1-8.13; dictate compliance with this standard.

Each policy dictates if an offender discloses victimization or perpetration of sexual abuse whether in an institutional or community setting, staff shall offer a follow-up meeting with a medical or behavioral health practitioner within 14 days of the intake screening. It is noted as part the Adult Internal Risk Assessment screening whether a medical or behavioral health referral was accepted or declined and, if accepted, prompts staff to complete the behavioral health referral.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and behavioral health practitioners and other staff, as necessary, to inform treatment plans and security management decisions, to include housing, work, education, and program assignments. The policies include medical and behavioral health obtaining informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

MCC provided as supporting documentation for this standard, the MDOC PREA Risk Assessment Manual, behavioral health logs, risk assessment demographics, and examples of referrals to behavioral health staff.

For this audit period, MCC reported no notifications for offender sexual victimization that occurred outside the institutional setting.

Staff interviewed, which included a case manager, was able to articulate all the elements of the risk assessment process which was interpreted to be included with the orientation process at MCC.

Medical and behavioral health staff interviewed were able to articulate their role in the offender risk assessment and referral process.

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-813 dictates compliance with this standard.

The policy dictates offenders shall receive timely unimpeded access to emergency medical and crisis intervention services. The scope of services will be determined medical and behavioral health practitioners according to professional judgment. Offender victims of sexual abuse while incarcerated shall be offered timely information about access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate. Services will be provided to offender victims without financial cost regardless whether the offender victim cooperates with the investigation.

MCC utilizes CORIZON as their medical provider. MCC provided as supporting documentation the contractual agreement between MCC and CORIZON denoting CORIZON's obligation to provide medical and behavioral health services to MCC offenders in compliance with the PREA Standards. It is noted in the contractual agreement CORIZON will be responsible for and will arrange timely payment for all hospital and related health care expenses for offenders.

Staff interviewed were able to articulate the standard of care offenders receive subsequent to an incident of sexual abuse and otherwise. Medical and behavioral health staff interviewed contended the standard of care provided to offenders at MCC was equal to if not better than community level care.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates compliance with this standard.

MCC offers medical and behavioral health evaluations, and as appropriate, treatment to all offenders who have been sexual abuse victims in any prison, jail, lockup or juvenile facility. Follow-up services are provided and when necessary, referrals for continued care following the offender's transfer to, or placement in, other facilities, or release to the community. Treatment services are provided without financial cost and regardless of whether the offender names the abuser or cooperates with the investigation. An offender perpetrator of sexual abuse receives a behavioral health evaluation by a qualified behavioral health practitioner within 60 days of disclosure of such abuse.

115.83 (d), (e), do not apply as MCC is an all-male facility.

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates compliance with this standard.

The policy dictates MCC shall conduct a sexual abuse incident review (debriefing), at the conclusion of each sexual abuse investigation, including where the allegation(s) has not been substantiated, unless the allegation(s) was determined to be unfounded. The review is documented and forwarded to the PREA Coordinator, facility Chief Administrative Officer, and assistant division director. The reviews are ordinarily held within 30 days of a formal investigation. The review team includes facility management, line supervisors, investigators, and medical and behavioral health staff. Subsequent to the review, the facility shall implement the recommendations made by the review team or document the reasons for not doing so.

MCC provided an example of a sexual abuse incident review as supporting documentation for this standard.

Staff interviewed related the process and importance of conducting the incident reviews and were interpreted as involved and dedicated to the sexual safety of the facility.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates compliance with this standard.

Uniform data is collected by the Agency PREA Coordinator. The data is collected and reported in the BJS Survey of Sexual Victimization. The data is also available in the agency Corrections Information Network or (COIN) system. Documentation indicated the data is collected annually.

MCC provided the MDOC PREA Annual report by facility for years 2013 and 2014 as supporting documentation for this standard.

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates compliance with this standard.

The policy outlines the Agency PREA Coordinator’s responsibility in collecting and aggregating data and preparing the agency annual report. Data was available on the agency’s website and was reviewed by the auditor.

The data is collected and used to assess and improve the effectiveness of the agency’s sexual abuse prevention, detection, and response efforts. The report identifies areas that may be problematic. The corrective actions taken are documented. The report entails all facilities within the MDOC. The report compares data from previous years to include corrective action measures taken by the agency and/or facility(s). The report is submitted and approved by the agency head, the Agency PREA Coordinator, and is provided on the agency’s website. The agency redacts specific material from the report when publication would present a clear and specific threat to the safety and security of a facility within the agency. The agency indicates the nature of the material redacted.

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy D1-8.13 dictates compliance with this standard.

The agency securely retains PREA data. The data is available on the agency website and is accessible to the public. Personal information is redacted.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Mark A. Maa

August 12, 2015

Auditor Signature

Date